



Tongue Tie and Breastfeeding Assessment Form

Date..... Referred to: Ms, Mr, Dr.....

Address.....Postcode.....

Contact No..... Fax no.....

Baby's Name.....Place of Birth.....

Baby NHS number.....Baby DOB.....Age now.....

Parent's name.....

Address.....

Postcode.....Contact no:.....GP.....

Baby Examination: please tick

Excessive weight loss Appears hungry Refuses to feed Fusses/slips at breast

Insufficient weight gain Jaundice Vomiting Unwell

Baby ill Sleepy Thrush High palate Tongue tie

Other, please state.....

Maternal Examination: please tick

Low milk supply Sore Nipples Engorgement Mastitis/blocked duct

Other, please state.....

Suggestions offered before referring for frenulotomy: please tick

Remember principles of good positioning and attachment Biological Nurturing

Shape the breast to suit baby's mouth Expressing and storing

Super switch nursing Breast compression Pump to boost supply

Introduce complements SNS Referred to GP

Other please state.....

Assessment of feeding and milk transfer: please circle

Yes No Not sure

Comfortable latch Y N Not sure

Appropriate sucking pattern (short quick bursts then deep rhythmical sucks) Y N Not sure

Appropriate swallows heard Y N Not sure

Baby feeds often and actively Y N Not sure

Offer both breasts every feed Y N Not sure

First breast drained before second offered Y N Not sure

Baby is satisfied after feeds Y N Not sure

Baby weight gain is appropriate Y N Not sure

Nappies in 24hrs...wet.....stool.....colour of stool.....

Assessment of tongue and movement: please circle one

Tongue appearance Heart shaped Rounded

Tongue retraction Not possible Possible

Tongue extension Severely restricted Moderately restricted Free movement

Tongue elevation Severely restricted Moderately restricted Free movement

Tongue lateralisation Severely restricted Moderately restricted Free movement

Degree of tongue-tie 100% 75% 50% 25% Posterior Not sure

Person completing the form:

Name.....

Position MW,HV,NN,IBCLC,GP, other.....

Location of assessment:

Hospital Home Breastfeeding clinic Other please state.....